

MYD001612027

NATIONAL BACKING CORP
38-31 9TH ST
LONG IS CY, NY 11101

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Not applicable
as per paragraph
261.5

NATIONAL BACKING CORPORATION

A. J. Harper

Limit 1000



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

C	15	16	L800724										35
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INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
FNYD000161202731												800724							

I. NAME OF INSTALLATION

30											67
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II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																		
18	19	20											45					
CITY OR TOWN										ST.	ZIP CODE							
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																		
18	19	20											45					
CITY OR TOWN										ST.	ZIP CODE							
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & no.)									
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
2																			

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER													
18	19	20											35

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- A. GENERATION B. TRANSPORTATION (complete item VII)
- C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

- A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.									
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

